

IMMEDIATE SUPPORT POST-STAN FROM PROJECT HOPE TO GUATEMALA
FINAL REPORT
May 24, 2006

INTRODUCTION

Project HOPE is an international non-profit organization, whose mission is to reach sustainable development in the care of the health around the world through the implementation of health education programs and to bring humanitarian assistance in the areas of necessity. **Project HOPE** has presence in Guatemala from 1976 when it responded to the urgent necessities after the earthquake in the month of February of that year.

In the month of October 2005, Project HOPE responded to the emergency caused by the storm STAN which mainly affected the departments located in the southwest, central, and eastern regions and in the pacific coast of Guatemala, which resulted in the loss of many human lives and infrastructure, damage or destruction of agricultural products, obstruction of access routes and communications networks that impeded the immediate support. In order to contribute to the control of this emergency **Project HOPE** started meetings with authorities of the **CONRED** (National Coordination Agency for Disaster Reduction), the **Ministry of Health and Social Assistance**, **USAID** (United States Agency for International Development), **OFDA** (Office of Foreign Disaster Assistance) and other organizations to know the problems first and then be able to define its support. It consisted in medicines to control the public health problems caused by the storm such as respiratory, gastrointestinal and skin diseases.

In coordination with **OFDA**, **CONRED** and the **Ministry of Health** it was defined the support of **Project HOPE** as four medicine donations of \$2,000,000.00. The donations requested by the **Ministry of Health** exceeded the defined amount and **HOPE Center** sent six donations valued in \$2,558,323.91.

In order to guarantee the fulfillment of the commitments and the use of the donations, personnel of **HOPE Center** and **Project HOPE Guatemala** were present when the medicines were transported from the custom house to the central warehouse of the **Ministry of Health**. The personnel of **Project HOPE Guatemala** continue through the **Ministry of Health** the monitoring of the distribution of the medicines to the local levels of the health services.

The **Ministry of Health** counts on a medicine distribution system with adequate control procedures that can guarantee its use.

With these supports, **Project HOPE** continues helping the Guatemalan population, not only through its regular programs but in emergency situations.

PURPOSE: Supporting the **Ministry of Health** to respond immediately to the urgent health necessities post-storm STAN in Guatemala.

OBJECTIVE: To provide essential medicines and products to eradicate the diseases caused by the storm STAN in Guatemala.

JUSTIFICATION: In the month of October of the year 2005 Guatemala suffered the damages caused by the storm called STAN, which developed into constant rain over the whole country. The most affected zones were: Santa Rosa (east of the country), Escuintla (central zone), Sololá, San Marcos, Quetzaltenango, Retalhuleu (southwest zone) and in general, all the pacific coast. There were problems of electrical energy, floods and landslides, collapsed highways which obstructed the passage of aid or the evacuation as well as outbreaks of infection, gastrointestinal, respiratory and skin diseases. As a result of this disaster, the following damages and casualties were reported at the national level: 953 affected communities, 664 dead people, 844 disappeared people, 383 injured people, 390,187 victims and 108,183 homeless people. (<http://www.pnudguatemala.org/stan/>)

ACTIVITIES: The main support activities of **Project HOPE** to the donation of medicines started in a meeting organized by **CONRED** at the offices of **USAID Guatemala**. The Regional Director for Latin America, Mr. **Bob Grabman** and the Country Director, Mr. **Víctor Calderón** started the support coordination to the

national level with meetings with **OFDA**, **USAID** and other NGOs, the **Ministry of Health** and **CONRED**, where the necessities were established. A list of priority necessities including antibiotics, analgesics, antimicrobics and antiparasitics was received from the **Ministry of Health and Social Assistance**.

The disaster areas were visited and it was agreed to donate US\$2,000,000.00 in medicines accordingly with the list of medicines presented by the **Ministry of Health** in order to help them to handle the health problems caused by the hurricane STAN.

Project HOPE presented a proposal for funding the transport of the donations to OFDA, which was approved. Mr. **Bob Grabman** traveled to Guatemala and was present jointly with the personnel of the **Ministry of Health**, **CONRED**, **SAT (Superintendence of Tax Administration)** and **Project HOPE Guatemala** when the first donation consigned to the **Ministry of Health** was transported to **CONRED**.

The Manager of Humanitarian Assistance and Gift in Kind: Special Projects, Mr. **Colin Credle** traveled from Virginia to meet with the **Ministry of Health** to agree the details of the importation and distribution of the donations, to obtain information regarding the medicines needed post-emergency after the first donation, and to know the distribution system of the warehouse of the **Ministry of Health**, it was found acceptable.

COORDINATION: The coordination with the **Ministry of Health** was initiated with meetings with the Vice-Minister, Dr. **Salvador López** and Dr. **Julio Valdés**, who is the person responsible of the reception of the donations and its distribution at the national level. In such meetings, the **Ministry of Health** was committed to ask the health areas to send urgently information regarding its needs of medicines, specially the most affected, in order to proceed with the elaboration of the distribution plan. In order to guarantee further donations of medicines to the Ministry of Health and the adequate procedures, a letter agreement was discussed, also with the intention to make quicker the getting out of the medicines from the custom in times of emergency due the **Ministry of Health** is not tax-exempt. For this reason, the **Ministry of Health** offered to coordinate the transport of further donations through other organizations. In his last communication Dr. **Julio Valdés** offers that the **Ministry of Health** would pay the expenses of transport and maintenance of warehouses if **Project HOPE** is able to send them the needed medicines. It was suggested to Dr. **Julio Valdes** to send a written request to **Project HOPE**

SUPPORT: In total, six donations were received, all the medicines were approved by Dr. **Julio Valdes**, and its transport funded by the donor **OFDA**. All were consigned to the **Ministry of Health and Social Assistance**, accordingly with the commitment indicated in the proposal.

DATE	SHIPMENT No.	VALUE	ACCUMULATED VALUE
Oct. 11	05-051	\$268,497.51	
Nov. 11	05-067	\$362,855.22	\$631,352.73
Nov. 19	05-070	\$254,612.00	\$885,964.73
Nov. 27	05-077	\$468,036.34	\$1,354,001.07
Feb. 06	05-107	\$1,015,458.44	\$2,369,459.51
Feb. 23	05-150	\$188,864.40	\$2,558,323.91

SHIPMENT No. DONATED MEDICINES

05-51	AMOXICILLIN	ACYCLOVIR	CAPSULES	"ZOVIRAX
	HYDROCORTISONE	IBUPROFEN	ACETAMINOPHEN	

	STETHOSCOPE ASPIRIN PENLIGHT SPHYGMOMANOMETER SYRINGE
05-67	LIDOCAINE ERYTHROMYCIN LORATADINE CLOTRIMAZOLE CREAM "LOTRIMIN AF"
05-70	ERYTHROMYCIN SODIUM CHLORIDE INJECTION ELECTROLYTE REHYDRATION SOLUTION
05-77	AMOXICILLIN-CLAVULANATE POTASSIUM THEOPHYLLINE CEFUROXIME AXETIL "CEFTIN" ALBUTEROL SULFATE INHALATION SOLUTION ELECTROLYTE REHYDRATION SOLUTION
05-107	ELECTROLYTE REHYDRATION SOLUTION AMOXICILLIN/CLAVULANATE INDOMETHACIN POTASSIUM FAMOTIDINE IMIPENEM & CILASTATIN LISINAPRIL
05-150	OLANZAPINE FLUOXETINE DULOXETINE INSULIN

The commitment of US\$2,000,000.00 was fulfilled and surpassed with the fifth donation. It was agreed to send additionally a sixth donation of insuline and other medicines in response to the **Ministry of Health** request, which **OFDA** approved to finance the transport. As a result, the total donation of medicines and medical supplies from **Project HOPE** in response to the Hurricane Stan disaster in Guatemala was US\$2,558,323.91. All the donations were consigned to the **Ministry of Health and Social Assistance** with the exception of the one before the last one which was consigned to **SOSEP**, a decision of the **Ministry of Health** due the emergency state had finished and the donation can not be coordinated through **CONRED**.

Program Matrix Results – Project HOPE’s Immediate Post-Hurricane Stan Support to Guatemala

Goal: To support the Ministry of Health (MOH) in the reconstruction of the areas affected by Hurricane Stan in Guatemala				
Objective	Indicator	Programmed	Fulfilled	% of Performance Accomplished
Effective response to health needs of those affected by Hurricane Stan in Guatemala	•Listing of health products donated (see attachments)	Yes	Lists of medicines and medical supplies submitted to MOH, CONRED and SOSEP	100%
	•# of air and ocean shipments completed	To send at least four shipments	6 air shipments	150%
	•Listing of health products received by the MOH	Yes	See attachments for MOH detailed listings confirming reception of donations	100%
	•Burn rate of up-to-date expenses vs. budget	Yes	Commercial value of donated products exceeded commitment of US\$2.0M	128%

LEARNED LESSONS:

1- In disaster situations the foundations, NGOs, etc. which want to bring its support must do it through the government. If it is done directly to the victims or out of the governmental coordination there can be duplicity of efforts and the objectives can not be achieved.

2- If in the country there is an institution like **CONRED** in Guatemala, our opinion is that it is positive due in disaster situations it can ask for, receive and centralize the aid, specially the foreign one in order to do a more orderly distribution to the affected areas.

3- The donations must be sent after receiving the distribution plan from the Ministry of Health.

4- The **Ministry of Health** has a good distribution system from the central level to the different levels of attention.

5- Although the **Ministry of Health** in Guatemala has a good medicine distribution system, monitoring is necessarily due the multiple activities and responsibilities of the authorities. There can be negligence within the system that interferes with the streamlining of the delivery process to the high priority zones post disasters.

6- Before the sending of the donations, we must know the criteria handled by the receptor tax-exempted organizations to avoid delays in the exit of the medicines that can obstruct the performance of the distribution plan to the needed areas or in order to search other alternatives.

MONITORING: The monitoring started with the participation of the authorities of the **Ministry of Health** and **Project HOPE** in the reception of the first donation, the verification of the medicines and its transport to the central warehouse of the **Ministry of Health**.

Mr. **Colin Credle** traveled to Guatemala and jointly with the National Director, Dr. **Víctor Calderón** were present at the exit of an additional donation of insuline. They also visited some places in the highlands (Escuintla, Panajachel, Suchitépquez) in order to monitor the reception and use of the medicines at the level of Health Areas, Centers and Posts, verifying the existence and distribution of the donated medicine to the benefitted population; they observed effective mechanisms of control and that the medicine has been distributed to the needed people. Attached is the distribution list of the first donation of medicines by health area, as an example.

The medicine distribution system managed by computer from the central level and the delivery formats to the different health areas of the country were shown.

Personnel of **Project HOPE Center** and **Project HOPE Guatemala** visited the health areas to verify the existence of medicines in their warehouses and their distribution system.

The personnel of **Project HOPE** has direct communication with the health areas to verify the reception of the medicines accordingly with the plan sent to the central level of the **Ministry of Health**.

Personnel of **Project HOPE** visits the central warehouse of the **Ministry of Health** twice a month to verify the delivery of medicines to the different services and to give suggestions when the process seems to be occurring slowly.

COSTS: From the start of the emergency in the month of October 2005 to the month of March 2006 five donations were sent with a value of \$2,369,459.51 and

an additional donation of \$188,864.40 was made coordinated with **OFDA, HOPE** and the Ministry of Health, making a total of \$2,558,323.91.